

FOR OFFICIAL USE ONLY

PART I

SUBMITTED BY AGENCY OTHER THAN COUNTY SOCIAL SERVICES

Employee:	Reviewed by:	Agency:	Date:
Phoned county social services: Yes No		Date:	Time:
Name of county staff person:		County social service agency:	
Submit SFN 1269 to county licenser:	Date:		

PART II

SUBMITTED BY COUNTY SOCIAL SERVICES

Date SFN 1269 was received:	Date SFN 1269 staffed:		
Unannounced review required: Yes No If yes, assigned to:	If no, please explain:		
Date of unannounced review: Action taken: Yes No Type of action: Violation Cites:	Child Care Resource and Referral notified of corrective action type:: Yes No N/A Signature of County Licenser:		
Regional Office:	Date:	Central Office:	Date:
Date case closed:			

PART III

REGIONAL OFFICE

Date reviewed:	Central office contacted: Yes No	Date:
Comments:	Comments:	
Date reviewed with county:	Signature:	

PART IV

CENTRAL OFFICE

Date reviewed:	Agencies/individuals contacted:
Comments:	
Substantiated parental concern: Yes No	Signature: